

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Angle Mastagni Mathews Political Strategies, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 06 / 2014	
Mailing Address 507 N. Sylvania Avenue		Amount 1250.00	
City Fort Worth	State TX	Zip Code 76111	Transaction ID : D521199
Purpose of Expenditure GOTV Calls	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 06 / 2014	
Name of Federal Candidate DAVID W. JOLLY		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought 22419.86		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶	

Full Name of Payee Angle Mastagni Mathews Political Strategies, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 06 / 2014	
Mailing Address 507 N. Sylvania Avenue		Amount 3750.00	
City Fort Worth	State TX	Zip Code 76111	Transaction ID : D521203
Purpose of Expenditure GOTV Calls	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 06 / 2014	
Name of Federal Candidate ALEX SINK		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought 22419.86		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	5000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

MM / DD / YYYY
03 / 07 / 2014

Signature